

**CLAIMS ONLY**

Application Number

"Filing" Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep.	Depend	Indep	Depend	Indep	Depend	*		*		*		
1	/							Indep	Depend	Indep	Depend	Indep	Depend
2	X	X											
3	X	X											
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Total indep	4												
Total depend	24												
Total claims	28												

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